(d) So far 6 227 new Crèches have been sanctioned under the new scheme.

(e) 4827 crèches have been sanctioned to the Central Social Welfare Board, 770 to Indian Council for Child Welfare and 630 to Bhartiya Adim Jati Sevak Sangh. Proposals for more new crèches have been received for consideration/approval by the Ministry.

Death of pregnant women

2568. SHRI PRAVEEN RASHTRAPAL: Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

(a) whether it is a fact that every fifth minute, one pregnant woman is dying in our country;

(b) if so, what actions are proposed by Government to prevent such deaths; and

(c) whether it is because of non-availability of required medical facilities in the rural India and among the poor people in urban area?

THE MINISTER OF STATE OF THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI RENUKA CHOWDHURY): (a) to (c) In the year 2000, UNICEF, alongwith WHO and UNFPA, estimated that 5,29,000 women die every year globally as a result of complications arising from pregnancy and childbirth. As per the data on maternal mortality ratio provided by the Sample Registration System-1998, it is estimated that about. 1.1 lakh women die every year in India due to maternal causes which implies that one woman dies every 5 minutes due to causes related to pregnancy and child birth. To reduce Maternal Mortality, Government of India is undertaking several measures, under the National Rural Health Mission (NRHM), to improve the availability of and access to quality health

care including services for Immunization and Safe Motherhood. Some of the steps taken/proposed to be taken are as under:

* Implementation of the Janani Suraksha Yojana (JSY);

* Appointment of Accredited Social Health Activist (ASHA) for every village with a population up to 1000 to facilitate access to health care services, mobilize pregnant women for ante-natal care, institutional delivery and post-natal check-ups;

* The services are provided through 23236 primary health centres and 3346 community health centres to the people in the rural area;

* Operationalising 2000 Community Health Centres as First Referral Units (FRU) for providing Emergency Obstetric and Child Health services;

* Making 50% Primary Health Centres functional for providing 24- hours delivery services, over the next five years;

* Ensuring quality of services by implementing Indian Public Health Standards (IPHS) for Primary health care Facilities;

* Ensuring skilled attendance at every birth both in the community and the Institutions;

* For the poor people living in the urban slums, States have been given flexibility to chalk out the strategies and interventions as per the individual need of the urban areas. It is then reflected in the State Project Implementation Plan (PIP), which is funded by GoI under RCH-II;

At the national level, the Project Implementation Plan (PIP) to formulate urban health projects has been prepared and sent to all States/UTs for implementation as a part of their State Project Implementation Plan (PIP).